Daffodil International University Journal of Allied Health Sciences. Volume 7, Issue 1 & 2, January-July 2020

Hospitalized Non-Covid patients' Satisfaction with Hospital Services at a Selected Tertiary Hospitals in Bangladesh

Mofizul Islam[1], Faisal Muhammad[1, 2, 3], *Sharmin Sultana[1], Abul Hasan BakiBillah[1], ABM Alauddin Chowdhury[1]

[1]Department of Public Health, Daffodil International University, Daffodil Smart City, Birulia, Savar, Dhaka-1216, Bangladesh
Department of Community & Public Health, Faculty of Medicine & Health Sciences, Frontier University, Garowe Campus, Puntland Somalia
[3]Otu Institute of Research and Training, London, United Kingdom

Abstract: *: This study aimed to determine the satisfaction with the quality of services among the hospitalized non-COVID patients in the selected hospitals in Bangladesh. A cross-sectional study was conducted between October 2020 and April 2021in six (6) tertiary level hospitals in Dhaka city of Bangladesh. Data was collected from 401 randomly selected Non-COVID hospitalized patients through face-to-face interviews. Among 401 participants, about 53.1% were female, and more than half (55.9%) were from urban areas. The participants' mean age was 48.3 ± 16.5 years, the majority (87.0%) were educated (formal education), and the mean monthly income was 66309.2 ± 68914.5 BDT. Based on satisfaction, about 62.8% of the Non-COVID hospitalized patients were satisfied with Health Care Providers (HCP) practices. The study revealed that roughly two-thirds of the participants were satisfied with hospital services, Health Care Providers (HCP) practices, quality of care, and basic hospital facilities. Therefore, mass-awareness campaigns targeting psychological disorders should be implemented during the pandemic. In addition, the findings may help to formulate the policy intervention to improve the situation.*

Keywords: *: Hospital Services, Non-COVID Patients, Satisfaction, Public Health, Bangladesh*

Introduction

Patient satisfaction is a measure of quality care; patient satisfaction gives providers insights into various aspects of medicine, including the effectiveness of their care and level of empathy, which is the extent to which patients are happy with their healthcare, both inside and outside of the physician's office[1]. Hospitals in the developed world recognize the importance of delivering patient satisfaction as a strategic variable and a crucial determinant of long-term viability and success[2]. Studies in the developing world have shown a clear link between patient satisfaction and various factors, among which service quality has been prominent[3,4].

Overall the healthcare satisfaction is multi-dimensional since health is a human right, which advocates health institutions to emphasize client-centered services, to become more responsive to user needs, and respond promptly to improve the quality of care[5]. The global patient satisfaction in all types of illness was 66%, ranging from 72% in developed countries to 60% in developing countries[6].

***Corresponding author:** Sharmin Sultana, Department of Public Health, Daffodil International University, Daffodil Smart City, Birulia, Savar, Dhaka-1216, Bangladesh. E-mail: sharmin.rit@gmail.com

In India, the level of satisfaction varied between 32.5% and 73%, which were based on the availability of services, and the behavior of the healthcare professionals[7,8]. In Nigeria, the level of satisfaction was 66.8%[9]; In the USA, the level of satisfaction with the quality of surgical care provided to them was 69.5%[10].

The emergence of a novel coronavirus, SARS coronavirus-2 (SARS CoV-2), which causes coronavirus disease 2019 (COVID-19), has had a significant influence on worldwide health and healthcare systems[11-14]. In addition, the quality of healthcare service and patient satisfaction have been affected by the current coronavirus disease 2019 (COVID-19) pandemic[15]. It might be due to healthcare systems suffering from severe financing shortages, or being poorly prepared to meet the challenges of the current COVID-19 pandemic, particularly in most low-resource countries[15]. It is critical to know the actual state of patients' satisfaction. To the best of our knowledge, no study has yet been conducted that looked into the satisfaction with hospital care among the Non-COVID hospitalized patients in Bangladesh. This study aimed to determine the satisfaction with the hospital services among the hospitalized non-COVID patients in the selected hospitals in Dhaka city of Bangladesh.

Materials and Methods

Study Design and Settings:

The study employed a cross-sectional survey to gather dataon hospitalized Non-COVID patients' diseases in Bangladesh. The study was carried out between October 2020 and April 2021 during the COVID-19 outbreak at the six tertiary-level hospitals in Dhaka, Bangladesh. The hospitals were Dhaka Medical College and Hospital; National Institute of Cardiovascular Diseases; Shaheed Suhrawardy Medical College and Hospital, Asgar Ali Hospital; IspahaniIslamia Eye Institute, and Hospital; and Square Hospital Ltd.

Sample Size, Sampling Strategies, and Population:

A total of 401 hospitalized Non-COVID-19 patients were recruited using a systematic random selection approach. However, severely ill, more than four weeks hospitalized, and patients with age (<18 years) were excluded from the study. Patients from all the selected (both private and public) healthcare facilities were interviewed. The study used a multistage sampling process to approach its targeted sample population. In the first stage, we gathered a list of all public and private tertiary hospitals in Dhaka city and randomly selected three public hospitals and three private hospitals. Next, we randomly selected three wards from each hospital. In the third stage, we gathered the list of all patients hospitalized in the selected wards. Finally, we randomly selected 201 patients from the public and 200 from the private hospitals for the data collection.

Data Collection Tools and Techniques:

Data were collected through a structured questionnaire in person within the hospital premises. Each of the participants received the necessary information and instructions and a verbal consent was obtained before each interview. There was a friendly environment so that participants could freely make any queries for further clarification. The questionnaire was initially prepared in English using SERVQUAL model and then translated into Bangla.

This questionnaire was pre-tested and necessary revision was made. After data collection, the completed questionnaire was verified for completeness, accuracy, reliability, and internal consistency to rule out inconsistent data.

Statistical Analysis:

The Statistical Package for Social Sciences version 25 was used to manage and analyze the data. A descriptive statistical analysis was performed to assess the basic socio-demographic scenario for the respondents. Moreover, Pearson Chi-square was applied to determine the relationship among study variables.

Ethical Consideration:

The Research Ethics Committee of the Faculty of Allied Health Sciences in Daffodil International University has approved this study. Additionally, informed consent has been obtained from each respondent before the study. Participants in the research were guaranteed the data's absolute confidentiality. All hospital management were presented with comprehensive papers outlining the aim of the study and given official permission for data collection.

Results

Socio-demographic characteristics of the participants

In the present study, about 53.1% of the respondents were female, and more than half (55.9%) were from urban areas. About 90.0% were married, more than 87% were educated, 55% were aged 50 years or above. The participants' mean monthly income was 66309.2 ± 68914.5 BDT (Table 1).

Most of the respondents were satisfied with HCP practices (62.8%), the behavior of medical staff (73.3%), Quality of Care (66.6%), and Hospital basic facilities (64.8%). At the same time, the respondents provided their personal opinion based on behavior of HCP, quality of care, and primary hospital. However, nearly a third of the respondents remained neutral in their opinion - about HCP practice, the behavior of medical staff, quality of care, and Hospital basic facilities. On the other hand, it was also observed that only 2.0% of respondents were dissatisfied about the behavior of medical staff, and 3.2% for quality of care. (Table 2).

Table 1: Socio-demographic characteristics of Non-COVID hospitalized patients in Bangladesh (n=401)

Socio-demographic characteristics	n	%
Gender		
Male	188	46.9
Female	213	53.1
Residence		
Urban	224	55.9
Rural	177	44.1
Marital Status		
Married	361	90.0
Unmarried	40	10.0
Educational Qualification		
Educated	349	87.0
Illiterate	52	13.0
Age		
≤50 years	222	55.4
>50 years	179	44.6
Mean ± SD	48.3 ± 16.5	
Socio-economic status (income in Taka)		
≤50,000	216	53.9
>50,000	185	46.1
Mean ± SD	66309.2 ± 68914.5	

Table 2: The overall status of healthcare satisfaction of Non-COVID hospitalized patients (n=401)

Item	HCP Practices			The behavior of medical staff			Quality of Care			Hospital basic facilities		
Status	Satisfied	Neutral	Dissatisfied	Satisfied	Neutral	Dissatisfied	Satisfied	Neutral	Dissatisfied	Satisfied	Neutral	Dissatisfied
n	252	142	7	294	99	8	267	121	13	260	134	7
%	62.8	35.4	1.8	73.3	24.7	2.0	66.6	30.2	3.2	64.8	33.4	1.8

Based on the overall level of satisfaction, about two-thirds (66.6%) of the respondents were satisfied with hospital services, 32.2% had a neutral opinion, and only 1.2% were dissatisfied with hospital services (Figure 1).

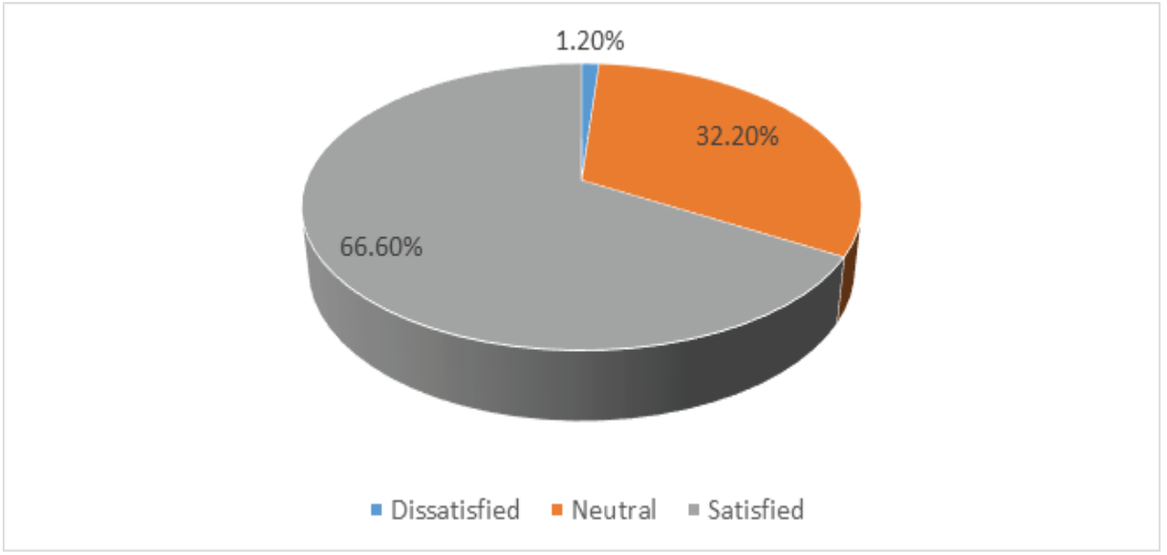

Figure 1: The Overall Satisfaction Level with Hospital Services (n=401).

According to the association between socio-demographic characteristics and overall satisfaction, age, gender, and occupation were found significantly associated with overall satisfaction. However, religion, qualification, marital status, family type, and income were not significantly related to overall satisfaction (Table 3).

Table 3: Association between Socio-demographic Characteristics and Overall Satisfaction (n=401)

Variables	Overall Satisfaction			Chi-square	*p-value*
	Dissatisfied	Neutral	Satisfied		
	n (%)	n (%)	n (%)		
Age					
≤50 years	0 (0.0)	0 (0.0)	222 (100.0)	249.596	<0.001
>50 years	5 (2.8)	129 (72.1)	45 (25.1)		
Gender					
Male	5 (2.7)	54 (28.7)	129 (68.6)	7.191	0.027
Female	0 (0.0)	75 (35.2)	138 (64.8)		
Religion					
Muslim	5 (1.4)	107 (30.7)	237 (67.9)	3.363	0.186
Non-Muslim	0 (0.0)	22 (42.3)	30 (57.7)		
Educational Qualification					
Illiterate	0 (0.0)	9 (37.5)	15 (62.5)	0.608	0.738
Educated	5 (1.3)	120 (31.8)	252 (66.8)		
Occupation					
Unemployed	0 (0.0)	71 (36.6)	123 (63.4)	7.548	0.023
Employed	5 (2.4)	58 (28.0)	144 (69.6)		
Marital Status					
Unmarried	0 (0.0)	12 (30.0)	28 (70.0)	0.697	0.706
Married	5 (1.4)	117 (32.4)	239 (66.2)		
Family type					
Nuclear Family	2 (0.9)	63 (28.1)	159 (71.0)	4.565	0.102
Joint Family	3 (1.7)	66 (37.3)	108 (61.0)		
Income					
≤50,000	3 (1.4)	50 (23.1)	163 (75.5)	17.465	<0.001

Discussion

Patient satisfaction is one proxy indicator of health care quality; however, enhancing patient satisfaction in low-income settings is challenging due to the inadequacy of resources and low health literacy among patients[16]. Our findings suggest that most patients were satisfied with hospital services, which corroborates with other similar studies[17-19]. The majority of the patients (63.1%) were satisfied with basic facilities in the hospital, and most of the patients (73.2%) were pleased with the behavior of medical staff. These findings are similar to a study conducted in Ethiopia which found that around 150 (37.7%) patients were satisfied with the service provided by the hospital, and a total of 235 (59.0%) patients claimed that they were satisfied with the physician service[20]. Furthermore, our research discovered that patients were satisfied with the behavior of doctors (75.8%), nurses (74.1%), medical technologists (71.3%), and recording staff (71.6%), which is similar to a study conducted in Nigeria found that doctors (90%), nurses (64.1%) and records staff (60.6%) were considered courteous and professional[21]. In regard to the cleanliness of the hospital, our study is consistent with the findings of previous study[21].

The association between socio-demographic characteristics and overall satisfaction, age, gender, occupation, and income were statistically significant. However, the religion, qualification, marital status, and family types were not significantly related to overall satisfaction. A study conducted in Nepal reported that socio-demographic factors such as age and gender were associated with the patients' general satisfaction[16]. However, education, occupation, and religion were associated with most of the dimensions of patient satisfaction. One study revealed that age was the strongest predictor of patient satisfaction in five out of seven dimensions[16]. A systematic review of the determinants of patient satisfaction worldwide revealed that age was the most critical and consistent predictor of patient satisfaction[22].

Conclusions and Recommendation

The study revealed that roughly two-thirds of the participants were satisfied with hospital services, HCP practices, quality of care, and basic hospital facilities. Three-quarters of them were pleased with the behavior of the medical staff. A standard level of hospital facilities and hygienic environment need to maintain for the Non-pandemic hospitalized patients. The findings will help to formulate the policy interventions to improve the situation. A further study with a larger sample size may be conducive to understanding the depth of the problem in a broader context.

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